

Traffic Section Request Form Phone #: (480) 644-3533 Fax #: (480) 644-3419



http://www.mesaaz.gov

Request Date	e:	Taken B	sy:	Phone	e #:	Entered By:	Entry #:
Requesting Party Name: (Required)				Phone	Phone #: (Required) Date Assigned:		ite Assigned:
Requesting Party Address: (Required)				Reques	sted Pamphlet?	Officer Assigned	
requesting Fairty Address. (Required)					_	*	
Request Type:					□ No	Area / Shift Assignment	
☐ Special Ever				School	Related:	☐ Day Shift	Swing Shift
☐ Traffic Callo	out [☐ Yes		☐ Fiesta	☐ Central
Location:		Grid:		Time Fi	rame: y 2 hour block)	_	
				10,000	,,	☐ Red Mtn N.	Red Mtn S.
Antinu		□ Cnood	□ Porkin	<u> </u>	School Zone	☐ Super N. Date Closed:	☐ Super S. Closed By:
Action: Categorize requ	uest based	☐ Speed ☐ Red Lig			Go Ped / ATV	Date Closed:	Closed by:
on most prevalent action.				top 🗆	Other:	Data	Entry Use Only
Comments: Please provide a brief description and specific time frame of the request.							
Traffic Section Use Only Below This Line							
Date Time (From - To)			# Citations # Violations		# Residents	Notes	
Total	Total Minutes #: #:		:	#:	Was RP contacted	Was RP contacted? ☐ Yes ☐ No	
Comments:							☐ Entered
							Date:
							☐ Squad Selective
							☐ Hot List
Traffic enforcement requests will be worked a minimum of two times for at least 15 minutes each time. Traffic enforcement requests will be completed and returned within 30 days of date assigned.							